MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02960

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Principio Fu rnace X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Principio Furnace, Rural X
STREET ADDRESS (If rural give location) Carpenters Point Road

3. NAME OF DECEASED: (Type or Print) (First) Lyman (Middle) L. Bayles (Last)
4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 6-4-1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Forgem an
10b. KIND OF BUSINESS OR INDUSTRY: Iron Mill
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Bayles
14. MOTHER'S MAIDEN NAME: Juliet Jump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles W. Bayles, Principio Furnace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage — 1/2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteria Sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis - Chr Myocarditis — 10 yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1952, to Aug 12, 1953, that I last saw the deceased alive on Aug 12, 1953 and that death occurred at 9 A M from the causes and on the date stated above.

SIGNATURE (Degree or title) D. Hanson, M.D. ADDRESS Port Deposit, Md. DATE SIGNED 8-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-17-1953
NAME OF CEMETERY OR CREMATORY St Marks
LOCATION (City, town, or county) (State) Perryville, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Aug 17, 1953
REGISTRAR'S SIGNATURE Irene E Haugherty
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 1 T VS

RECEIVED
AUG 20 1953
BUREAU V. S.

Item 9 FilmG157 8/12/53 whw

07961

Bell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston 34 LENGTH OF STAY (in this place) 3 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Md X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EVERETT (Middle) HENRY (Last) BELL
4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 11-27-1897
9. AGE last birthday: 55 ~~56~~ yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berlin Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Taylor Bell.
14. MOTHER'S MAIDEN NAME: Tillie Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 169-18-0764
17. INFORMANT & ADDRESS: Murray Bell, Oxford Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X
Immediate cause (a) Hypertensive Cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH 3 years
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953, to Aug 6, 1953, that I last saw the deceased alive on Aug 6, 1953, and that death occurred at 7 10 A m., from the causes and on the date stated above.
SIGNATURE Harry Davis (DEGREE OR TITLE) MD ADDRESS Chesapeake City Md DATE SIGNED 8/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-9-53
NAME OF CEMETERY OR CREMATORY Evergreen, Berlin Md.
LOCATION (City, town, or county) (State) Berlin Md

DATE REC'D BY LOCAL REG. Aug 7
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Ralph M Reed, Rising Sun Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5 8-51

RECEIVED
AUG 10 1953
BUREAU V. S.

07962

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton rural — LENGTH OF STAY (In this place): 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hill Top Farm

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 109 Friendship Road

3. NAME OF DECEASED (Type or Print): (First) BarClay. (Middle) Roberts (Last) Challenger.
4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: Nuite
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-12-1899
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Expertiser
10b. KIND OF BUSINESS OR INDUSTRY: Coral Prod.
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John J Challenger
14. MOTHER'S MAIDEN NAME: Helen Tyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 3
16. SOCIAL SECURITY NO.: 577-07-7650
17. INFORMANT AND ADDRESS: Jone S. Challenger, 109 Friendship Rd. Elkton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. C. Dodson MD. (Degree or title) D M E — ADDRESS: Rising Sun Md. — DATE SIGNED: 8/4-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 7, 1953 — NAME OF CEMETERY OR CREMATORY: River Vein Cemetery — LOCATION (City, town, or county): Wilmington (State): Del.

DATE REC'D BY LOCAL REG.: Aug 5 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Albert J. McCrery — ADDRESS: 2706 Washington Wilmington. Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
COUNTY: CECIL — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): NORTH EAST X
LENGTH OF STAY (in this place): 35 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RURAL X 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: CECIL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): NORTH EAST X
STREET ADDRESS (If rural, give location): RURAL 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): WILLIAM W CHEADLE
4. DATE OF DEATH: (Month) (Day) (Year): AUG 26 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 11-1-1868
9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WM WALTER CHEADLE
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 4 NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs Wm W. Cheadle North East Md R 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	4 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Cardiovascular Renal Disease	3 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate — 1 yr.

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March, 1952, to 26 Aug, 1953, that I last saw the deceased alive on 25 Aug, 1953, and that death occurred at 8:55 A.m., from the causes and on the date stated above.

SIGNATURE: Klaus H. Huebner (DEGREE OR TITLE) M.D. ADDRESS: North East, Md. DATE SIGNED: 27 Aug '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 29-53 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county) (State): North East Md

DATE REC'D BY LOCAL REG.: aug 29-53 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel — 24. FUNERAL DIRECTOR: Joseph R Grant — ADDRESS: North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5 8-51

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07964

CERTIFICATE OF DEATH

Reg. Dist. No. 3-96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Carroll (Last) Ewing

4. DATE OF DEATH: (Month) Aug. 21 (Day) (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Son's Home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hugh Carroll

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Harry Carroll Port Deposit R.D.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (331X)	(a) Cerebral Hemorrhage	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Paralysis Right side — Arterio-Sclerosis	10 yrs
	(c) DUE TO Myocardial Infarction	1 yr
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Aug 10, 1953, to Aug 20, 1953, that I last saw the deceased alive on Aug 20, 1953, and that death occurred at 6 15 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Tyson, M.D. ADDRESS Port Deposit, Md. DATE SIGNED 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** Aug. 23 1953 **NAME OF CEMETERY OR CREMATORY** Hopewell Cem. **LOCATION** (City, town, or county) (State) Near Port Deposit Md.

DATE REC'D BY LOCAL REGISTRAR Aug 24, 1953 **REGISTRAR'S SIGNATURE** Ida M. Daugherty Acty. Reg. **24. FUNERAL DIRECTOR** J. E. Tyson ADDRESS Rising Sun, Md.

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) E (Last) FREEMAN
4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1953
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 16-1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Queen Anne Co. Md.
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME John F. Carroll.
14. MOTHER'S MAIDEN NAME Elizabeth E Sarington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Edward Freeman, Warwick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 8/10-53

CREMATION MARIAL (Specify) BURIAL
DATE THEREOF Aug-13-53
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Chesterville (State) Md

DATE REC'D BY LOCAL REG. Aug 11-53
REGISTRAR'S SIGNATURE Mrs Harold F. Cheyney
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECE
AUG 12 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A...

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point X
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
STREET ADDRESS (If rural give location): Rt. #4, Merrit Mill Road

3. NAME OF DECEASED: (First) THEODORE (Middle) R. (Last) GORDY
4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-15-1906
9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Hospital Aide
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gordy - Deceased
14. MOTHER'S MAIDEN NAME: Hester Trader - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Hemorrhage, rt. parietal area — Interval Between Onset And Death: 14 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive cardio-vascular disease — 8 Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 8-26, 1953, to 8-28, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 12:53 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. F. BRAMON, M.D. — ADDRESS: Manager, V.A. Hospital, Perry Point, Md. — DATE SIGNED: 8-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 8-30-53 — NAME OF CEMETERY OR CREMATORY: Glass Hill — LOCATION (City, town, or county) (State): Parsonsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 29 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Reg. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

SEP 1 1 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Chesapeake City — MARYLAND — LENGTH OF STAY (in this place) 65 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City — STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Raymond (Last) Hallman

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1953

5. SEX: M. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married — 8. DATE OF BIRTH: 8-7-1888 — 9. AGE last birthday: 65 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman — 10b. KIND OF BUSINESS OR INDUSTRY: Oil Canal. — 11. BIRTHPLACE (State or foreign country): Chesapeake City Md. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel Hallman. — 14. MOTHER'S MAIDEN NAME: Anna Jennie Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWI — 16. SOCIAL SECURITY NO.: 169-20-1522. — 17. INFORMANT AND ADDRESS: Mrs John R. Hallman, Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R. L. Dodson M.D. D.M.E. Elkton Md — 8/25-53

23. FINAL DISPOSITION (Burial, cremation, removal, etc.) Burial — DATE THEREOF Aug 29, 1953 — NAME OF CEMETERY OR CREMATORY Bethel Cemetery — LOCATION (City, town, or county) Nr Chesapeake City — (State) Md.

DATE RECD BY LOCAL REG. August 28-1953 — REGISTRAR'S SIGNATURE Miss Pauline H. Price — 24. FUNERAL DIRECTOR — ADDRESS

H. N. Pepper & Son. Elkton, Md

DS

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

COUNTY: CECIL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON — LENGTH OF STAY (in this place): 11 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: CECIL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON

STREET ADDRESS (If rural, give location): Rural (Section Union Church)

3. NAME OF DECEASED: (Type or Print) (First) VICTOR (Middle) F. (Last) HAWKINS

4. DATE OF DEATH: (Month) AUG (Day) 30 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 2 1906

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CILL WORKER

10b. KIND OF BUSINESS OR INDUSTRY: FIBRE-MILL

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. L. HAWKINS

14. MOTHER'S MAIDEN NAME: ROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: 222-07-4059

17. INFORMANT & ADDRESS: Grover L Hawkins - Elkton RD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

541.1

Immediate cause (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO

Antecedent cause(s) (b) Ruptured duodenal ulcer — 32 days

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (a) 7/7/53 (b) 8/28/53

19b. MAJOR FINDINGS OF OPERATION: (a) ruptured duodenal ulcer (b) ileocolic fistula intestinal adhesions

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1951, to 30 Aug, 1953, that I last saw the deceased alive on 30 Aug, 1953, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

SIGNATURE: Klaus H. Huebner (DEGREE OR TITLE) M.D. — ADDRESS: North East, Md — DATE SIGNED: 1 Sept '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 2 1953 — NAME OF CEMETERY OR CREMATORY: Union Methodist — LOCATION (City, town, or county): Elkton RD Cecil Co (State): Md

DATE REC'D BY LOCAL REG.: Sept 1 — REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: Joseph R Grant — ADDRESS: North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5 8-51

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkmills | LENGTH OF STAY (In this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkmills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) AVERY (Last) JACKSON
4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-25-1888
9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): North East Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Theradore Jackson
14. MOTHER'S MAIDEN NAME: Elizabeth Simkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-03-1901
17. INFORMANT AND ADDRESS: Frances Ann Jackson, Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R. E. Hodson M.D. | ADDRESS: Rising Sun Md. | DATE SIGNED: 8-6-53

FINAL DISPOSITION (Burial, Cremation, Removal, Specify): Burial | DATE THEREOF: 8/9/53 | NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist Cem. | LOCATION (City, town, or county): Cherry Hill | (State): Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE: F R Frazier | 24. FUNERAL DIRECTOR: H. Walter du Bloise Jr. | ADDRESS: Elkton, Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 11 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT,
LENGTH OF STAY (in this place) 6yrs2mos20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY HENRICO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RICHMOND
STREET ADDRESS (If rural, give location) 510 S. Harrison

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) M. (Last) JOHNSON

4. DATE OF DEATH: (Month) August (Day) 15, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: March 4, 1925
9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Shop
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MELVIN JOHNSON,
14. MOTHER'S MAIDEN NAME: LAVELY JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Tuberculosis, Pulmonary, far advanced — INTERVAL BETWEEN ONSET AND DEATH: Over 6 yrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic reaction, paranoid type, manifested by delusions, hallucinations, irrelevant speech, inappropriate manner and periods of hyperactivity. — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 27, 1946, to Aug. 15, 1953, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 2:45AM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
E. S. Ellis, M.D. Acting, Chief, Professional Services; VAH., Perry Point, Md, 8-15-53

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL
DATE THEREOF
NAME OF CEMETERY OR CREMATORY: Richmond National Cemetery
LOCATION (City, town, or county) (State): Richmond, Virginia.

DATE REC'D BY LOCAL REG.: Aug. 15 1953
REGISTRAR'S SIGNATURE: Ida M. Daugherty actg Reg
24. FUNERAL DIRECTOR ADDRESS: PENNINGTON & SON, Havre De Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

RECEIVED
AUG 19 -
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7571

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City

STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Baby Virginia (Middle) (Last) Johnston

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 6, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert W. Johnston

14. MOTHER'S MAIDEN NAME: Marian L. Gregson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert W. Johnston R. D. #1 Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 761.0

Immediate cause (a) Asphyxia Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Breech delivery

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 8/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug 7, 1953

NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery

LOCATION (City, town, or county) Cherry Hill (State) Md.

DATE REC'D BY LOCAL REG. Aug 7

REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton, Md.

2734

W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT,
LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural give location) 213 Bow Street

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) A. (Last) JOLINE
4. DATE OF DEATH: (Month) August (Day) 27 (Year) 19 53
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 22, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Commercial
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILLIAM H. JOLINE
14. MOTHER'S MAIDEN NAME: CLARA MC LAUGHLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.: 218 05 0604
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset And Death: Unkown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic coronary thrombosis. — Interval Between Onset And Death: Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 19 53, to Aug. 27, 19 53, that ~~I saw the deceased~~ ~~did not see the deceased~~, and that death occurred at 8:05 PM, from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D.; (Degree or title) Manager, VA Hospital, Perry Point, Md. ADDRESS — DATE SIGNED 8-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF 8-27-53
NAME OF CEMETERY OR CREMATORY Volpen Manor Memorial Pk
LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REGISTRAR Aug 29 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty Actg. Reg.
FUNERAL DIRECTOR H. W. PIPPIN & SON, Elkton, Maryland
ADDRESS

VS. A 17

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 5 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton

LENGTH OF STAY (in this place): 5 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton

STREET ADDRESS (If rural, give location): R.F.D. #3 Dogwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) Geneva (Middle) Clora (Last) Jones

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Wh.	Married	July 5, 1904	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
At Home	House Wife	North Carolina	U.S.A.

13. FATHER'S NAME: Thomas Rash

14. MOTHER'S MAIDEN NAME: Nancy Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: David M. Jones R.D. #3 Dogwood Rd, Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

214 X

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary embolism	1/2 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Thrombophlebitis, it. leg.	48 hours
	DUE TO (c) Uterine fibroid tumor, post operative	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
July 21, 1953	Multiple myomata uteri	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	CITY OR TOWN	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1953, to Aug 5, 1953, that I last saw the deceased alive on August 5, 1953, and that death occurred at 8.20 p.m., from the causes and on the date stated above.

SIGNATURE: J. Ralph Anderson Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton Md. DATE SIGNED 8/6/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 8/1953	Gilpin Manor Memo. Pk.	R.D. Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 7	F R Frazer	H.W. Pippin & Son	Elkton Md.

W. G. Frazer

RECEIVED
AUG 10 1 3
BUREAU V. S.

Item 18 Film G157 9-4-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 36 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Ellis (Middle) Hughes (Last) Keilholtz

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Rising Sun Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Keilholtz

14. MOTHER'S MAIDEN NAME: Martha Emma Kirk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Clyde Keilholtz Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X
Immediate cause (a) Uremia.
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis & Myocarditis
DUE TO
(c) Chronic Nephritis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1953, to 8/29, 1953, that I last saw the deceased alive on 8/29, 1953, and that death occurred at 5-30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title): H.E. Dodson MD
ADDRESS: Rising Sun Md
DATE SIGNED: 8/29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 1 1953
NAME OF CEMETERY OR CREMATORY: Brookview Cem.
LOCATION (City, town, or county) (State): Rising Sun Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 31
REGISTRAR'S SIGNATURE: H R Frazer

24. FUNERAL DIRECTOR: J.E. Tyson. ADDRESS: Rising Sun Md.

VS. 1

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge, Md. — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bainbridge, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Brunswick V-27
STREET ADDRESS (If rural, give location) 1 Franklin Blvd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Livia	Lucille	Krehbiel		8	12	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
F	White	Baby	8/11/53	yrs.		15	15	30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Mack Krehbiel

14. MOTHER'S MAIDEN NAME: Janet Josephine Susan Napolitano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. David M. Krehbiel, 417 Park St., Oxford, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atelectasis	16 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	16 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12 August 19 53, to 12 August 19 53, that I last saw the deceased alive on 8/12/53 19, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE John A. Ripp — (Degree or title) LT, MC, USNR — ADDRESS U. S. NAVAL HOSPITAL, Bainbridge, Md. — DATE SIGNED 8/12/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/13/53	West Nottingham Cemetery	Colora	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/13/53	Dorothy B. Bramble	Lee A. Patterson & Son	Perryville, Md.

RECEIVED
AUG 14 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 11yr. 1mo. 12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: /
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 900 Southerly Road

3. NAME OF DECEASED: (Type or Print) (First) VICTOR (Middle) C. (Last) MASSERAN

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-8-1892

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Victor Masseran - Deceased

14. MOTHER'S MAIDEN NAME: Louise Karle - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

447 X

Immediate cause (a) Cerebral Thrombosis and Hemorrhage — Interval Between Onset and Death: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardiovascular Disease — Interval Between Onset and Death: Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 6-21, 1942, to 8-2, 1953, [redacted] and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE [redacted]

(DEGREE OR TITLE) ADDRESS: E.P. BRANNON, M.D. Acting Manager, VAH, Perry Point, Md.

DATE SIGNED: 8-4-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 8-3-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug 5, 1953

REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Reg

24. FUNERAL DIRECTOR: Pennington & Son

ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 7
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) SAME AS MOTHER'S BELOW

3. NAME OF DECEASED (Type or Print) (First) LAWRENCE (Middle) EDWARD (Last) McCARTHY II

4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 7-29-53

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----

10b. KIND OF BUSINESS OR INDUSTRY ----

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lawrence Edward McCarthy

14. MOTHER'S MAIDEN NAME Patricia Ann Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. L.W.McCarthy H.. Sq. 47-10th O.W. NCCA WILMINGTON, DEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

474X Immediate cause (a) Tracheitis Acute, Cause Unknown #4140

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Arrest XI(C)xy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Bainbridge (COUNTY) Cecil (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R.E. Dodson MD (Degree or title) Dm E ADDRESS Rising Sun Md. DATE SIGNED 8/28-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 8-28-53 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington Coounty (State) Va.

DATE REC'D BY LOCAL REG. 8-28-53 — REGISTRAR'S SIGNATURE Dorothy B. Bramble — 24. FUNERAL DIRECTOR Lee A. Patterson & Son, Perryville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2
BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) 213 Landing Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Tuft (Last) McKeown

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 22, 1879

9. AGE last birthday: 73 III. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S. Born

13. FATHER'S NAME: William Taft

14. MOTHER'S MAIDEN NAME: Elizabeth Tait

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Roy McKeown Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset and Death: 5 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1953, to Aug 1, 1953 that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milford H. Boucher M.D. Elkton, Md Aug. 3, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug 4/53

NAME OF CEMETERY OR CREMATORY: Elkton Cemetery

LOCATION (City, town, or county): Elkton (State): Md.

DATE REC'D BY LOCAL REG.: Aug 4

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H.W. Pippin & Son ADDRESS: Elkton Md.

W. A. Lusby.

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (In this place) 19 mo — HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) Dean (Last) Moore

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12-9-1951

9. AGE last birthday: 1 yrs. — If under 1 year: Months 7 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Perry Sun Rural

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Ralph Edwin Moore Jr.

14. MOTHER'S MAIDEN NAME: Reba Ethel Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ralph Moore Elkton RD 3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.5 Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office building, etc.) Back Elk Creek — (CITY OR TOWN) Elkton Rural — (COUNTY) Cecil — (STATE) Md

TIME OF INJURY: (Month) 8 (Day) 4 (Year) 53 (Hour) 5:10 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell into Creek.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R L Dodson — (Degree or title) MD DME — ADDRESS: Perry Sun Md. — DATE SIGNED: 8-7-53

FINAL DISPOSITION (Burial, Cremation, Removal (Specify)): Buried — DATE THEREOF: 8-10-53 — NAME OF CEMETERY OR CREMATORY: Cherry Hill — LOCATION (City, town, or county) (State): Cherry Hill Cecil Md

DATE REC'D BY LOCAL REG.: Aug 7 — REGISTRAR'S SIGNATURE: H B Frazier

24. FUNERAL DIRECTOR — ADDRESS: J E Tyson, Perry Sun Md.

RECEIVED
AUG 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

C

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-51

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: ✓
STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby Boy (Middle) (Last) Nickol

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 5-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Allen Evans

14. MOTHER'S MAIDEN NAME: Gurtrude Jones Nickols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [illegible])

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Paul Allen Evans Mountian Home Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

773.5

Immediate cause (a) Premature delivery — INTERVAL BETWEEN ONSET AND DEATH 14 hours

DUE TO

Antecedent cause(s) (b) Congenital debility

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1953, to 8/6, 1953, that I last saw the deceased alive on 8/6, 1953, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 8/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug 10. 1953

NAME OF CEMETERY OR CREMATORY Gilpin Manor Memo. Pk.

LOCATION (City, town, or county) R.D. Elkton (State) Md.

DATE REC'D BY LOCAL REG. Aug 7

REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

W. A. Lushay.

8314128

RECEIVED
AUG 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-1

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rainbridge
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport
STREET ADDRESS (If rural, give location) 408 N. James Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Paul (Last) Ogden III

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-30-53

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 3 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ogden, Robert Wylie

14. MOTHER'S MAIDEN NAME: Long, Joy Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ogden, Robert W. — 408 N. James Street, Newport, Delaware.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anoxia in newborn.

761.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c) Premature Separation, Placenta.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30, 1953, to 8-30, 1953, that I last saw the deceased alive on 8-30, 1953, and that death occurred at 10:17A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. E. TROUT, LT MC USN U.S.NAVAL HOSPITAL, EAINBRIDGE 8-31-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-31-53 — NAME OF CEMETERY OR CREMATORY: West Nottingham Cemetery, — LOCATION (City, town, or county) (State): Colora, Cecil Co. Maryland

DATE REC'D BY LOCAL REG. 8-31-53 — REGISTRAR'S SIGNATURE: Dorothy B. Brumble

24. FUNERAL DIRECTOR — ADDRESS

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville X
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural.
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First) JAMES. (Middle) A (Last) OSTERhout
4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-4-1894
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Salesman Auto
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) Hoboken N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Osterhout
14. MOTHER'S MAIDEN NAME Alice Fox.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hattie Osterhout, Earlville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE R. C. Dodson MD DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 8/10-53

BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/14/1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG Aug 13
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR H.W. Pippin & Son
ADDRESS Elkton Md

W. C. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point X
LENGTH OF STAY (in this place) 1 mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 1005 Beverley Drive

3. NAME OF DECEASED: (Type or Print) Benjamin (First) BENNETT (Middle) A. (Last) (PINCUS) PINE

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-28-1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Exec.Secretary
10b. KIND OF BUSINESS OR INDUSTRY: War Dept.
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Pincus - Deceased
14. MOTHER'S MAIDEN NAME: Belle Pearlstein - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 318 01 4695
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Coronary Occlusion, Arteriosclerotic — Interval Between Onset And Death: 36 hours

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastatic Carcinoma urinary bladder — Since 1950

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-12-52
19b. MAJOR FINDINGS OF OPERATION: Prostatectomy and partial removal of recurrent carcinoma.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7-1, 1953, to 8-6, 1953, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) Acting Manager, VAH, Perry Point, Maryland ADDRESS DATE SIGNED 8-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8-6-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Aug 6, 1953
REGISTRAR'S SIGNATURE Ida M. [illegible] Augusta Actg. Reg.

24. FUNERAL DIRECTOR W.W. CHAMBERS Co - WASHINGTON DC ADDRESS W.W.CHAMBERS CO.,3072 M.St.,N.W. Wash.D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 1 J --
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 326 North St.

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) Cowden (Last) Reynolds

4. DATE OF DEATH (Month) August (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/28/1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police work
10b. KIND OF BUSINESS OR INDUSTRY: Town of Elkton
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard W. Reynolds
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mary Belle Reynolds, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Pulmonary oedema — INTERVAL BETWEEN ONSET AND DEATH 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension Cardiovascular renal disease — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to August 17, 1953, that I last saw the deceased alive on August 17, 1953, and that death occurred at 12:45 m., from the causes and on the date stated above.

SIGNATURE Henry Thomas (DEGREE OR TITLE) Md ADDRESS Chesapeake City Md DATE SIGNED 8/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/19/53
NAME OF CEMETERY OR CREMATORY Cherry Hill Methodist Cem
LOCATION (City, town, or county) Cherry Hill (State) Md

DATE REC'D BY LOCAL REG. Aug 19
REGISTRAR'S SIGNATURE F R Frazier
24. FUNERAL DIRECTOR H. Walter Du Bois, Jr. ADDRESS Elkton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5 8-51

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point — LENGTH OF STAY (in this place): 4yr.11mo.12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: a
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
STREET ADDRESS (If rural give location): 28 N. Liberty

3. NAME OF DECEASED: (Type or Print) (First) MAX (Middle) (NMI) (Last) SAPIRO

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-13-1894
9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist Helper
10b. KIND OF BUSINESS OR INDUSTRY: Shirt Factory
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Sapiro - Deceased
14. MOTHER'S MAIDEN NAME: Rachel (?) - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Multiple sclerosis with psychotic reaction — Approx.
DUE TO manifested by slight confusion and memory defect — 12 yrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-7, 1948, to 8-19, 1953, ~~[illegible]~~ and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (Degree or title) Manager, V.A. Hospital, Perry Point, Md. — ADDRESS — DATE SIGNED: 8-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-20-53
NAME OF CEMETERY OR CREMATORY: Jewish Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 20, 1953
REGISTRAR'S SIGNATURE: Ida M. Daugherty, actg. Reg.
24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
LENGTH OF STAY (in this place): 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
STREET ADDRESS (If rural give location): Coudon's Farm

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Polk (Last) Singleton

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept. 14, 1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Polk Singleton

14. MOTHER'S MAIDEN NAME: Harriett Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-32-2758

17. INFORMANT & ADDRESS: William Singleton, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between Onset And Death: 1 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio - Sclerosis - — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1952 to Aug 25, 1953 that I last saw the deceased alive on Aug 25, 1953 and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE: E. Henson — (Degree or title) M.D. — ADDRESS: Port Deposit Md. — DATE SIGNED: 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-30-1953 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Churchville, Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 29, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty, Asst Reg. — 24. FUNERAL DIRECTOR: Wm A. Catterson & Son — ADDRESS: Perryville, Md.

RECEIVED
SEP 1 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 3 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural give location) RD 3

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Scott (Last) Steele

4. DATE OF DEATH (Month) August (Day) 2 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Aug 23 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Mill Worker Ret 6 yrs
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Providence, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Smith Steele
14. MOTHER'S MAIDEN NAME Hannah E Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Francis Steele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tumor of kidney - left	Diagnosed
219X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) undetermined class.	June 8, 1953
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1953, to Aug 2, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milford H. Sprecher, M.D.
ADDRESS Elkton, Md
DATE SIGNED Aug 4, 1953.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 5, 1953
NAME OF CEMETERY OR CREMATORY Sharps
LOCATION (City, town, or county) Fair Hill Civil Co (State) Md

DATE REC'D BY LOCAL REG. Aug 4
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant
ADDRESS North East Md

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 4

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 315 S. Schroeder Street

3. NAME OF DECEASED: (Type or Print) (First) Ollie (Middle) (NMI) (Last) Taylor

4. DATE OF DEATH: (Month) 8- (Day) 3- (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-18-94

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

025X

Immediate cause (a) Chronic Brain Syndrome associated with CNS Syphilis, meningo encephalitic type.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cystitis & pyelonephritis

DUE TO

(c) CVA- Terminal

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General paralysis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29- 1946, to 8-3- 1953, that I last saw the deceased [illegible] that death occurred at 10:24 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, M. D. (Degree or title) Acting Chief, Professional Services, VAH, ADDRESS Perry Point, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 8-3-53

NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Aug 3, 1953

REGISTRAR'S SIGNATURE Ida M. Daugherty Actg Reg.

24. FUNERAL DIRECTOR KATIE R. WILLIAMS ADDRESS 322 N. Schroeder St., Baltimore, Maryland

Mrs Katie R Williams 322 N Schroeder St

RECEIVED
AUG 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pilot Town LENGTH OF STAY (in this place) in route
HOSPITAL OR INSTITUTION OR STREET ADDRESS Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Peach Bottom
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) (Last) TOLLINGER
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 3-31-05
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY Boiler Firmer
11. BIRTHPLACE (State or foreign country) Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME Alexander Tollinger
14. MOTHER'S MAIDEN NAME Annie Cohn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1st WW
16. SOCIAL SECURITY No. 160-18-8620
17. INFORMANT AND ADDRESS Anna Barrett Perryville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823X Immediate cause (a) Fractured skull. Laceration of face & scalp, + Contusions

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road. (CITY OR TOWN) Pilot Town. (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 1 (Year) 53 (Hour) 1200 a m. INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile hit tree.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. C. Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 8/3-53

MATERIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF Aug 4 1953
NAME OF CEMETERY OR CREMATORY Penn Hill Cem
LOCATION (City, town, or county) Peach Bottom Lancaster Pa. (State)

DATE REC'D BY LOCAL REG. Aug 4-1953
REGISTRAR'S SIGNATURE L. M. Worthington
24. FUNERAL DIRECTOR Ralph M. Reed ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
STREET ADDRESS (If rural give location): Main St

3. NAME OF DECEASED: (First) Walter (Middle) (Last) Touchstone

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 19, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Cashier

10b. KIND OF BUSINESS OR INDUSTRY: National Bank

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Touchstone

14. MOTHER'S MAIDEN NAME: Sarah Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-18-3951

17. INFORMANT & ADDRESS: Marian Touchstone, Port Deposit, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause — (a) Massive Coronary Thrombosis — Interval Between Onset And Death: 5 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma Rectum — 7 months

DUE TO (c) Chronic hypertensive Cardio Vascular [illegible] — 4 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Rectum — 7 months

19a. DATE OF OPERATION: March 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rectum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4 ..., 1953, to 8-16 ..., 1953, that I last saw the deceased alive on 8-15, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] — (Degree or title) M.D. — ADDRESS: Port Deposit, Md. — DATE SIGNED: 8-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-18-1953 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR: Aug 17 1953 — REGISTRAR'S SIGNATURE: Irene E Haughey

24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son, Perryville, Md.

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BUREAU V. S.

Item 18 Film G157 8-14-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 401 Patapsco Avenue

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) P. (Last) TROTT

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-24-18
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chaney, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALLAN TROTT
14. MOTHER'S MAIDEN NAME: BESSIE KING

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY No.: 218 14 7545
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

971.3

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Septicemia

DUE TO (c) Perferation of the stomach with abscess Formation. (Exact cause not known.)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic depression with attempt at suicide by ingestion of Amonia & cutting of wrist.& throat. 4 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 17, 1953, to Aug. 1, 1953, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 8:55 PM, from the causes and on the date stated above.

SIGNATURE W. Gorpler, M.D. (Degree or title) Acting, Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 8-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8-2-53
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery, LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR August 2, 1953
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR George J. Gonce P+M GEORGE GONCE FUNERAL HOME, ADDRESS Ritchie Hwy & Jack St., Baltimore, Md.

Item 18: "The exact cause of perforation of the stomach is not known. It is presumed to be related to the ingestion of amonia."

VA Hosp.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown — LENGTH OF STAY (In this place): 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown Rural.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) THOMAS (Last) ULSHAFER
4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-6-1874
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotch Valley Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: George Ulshafer.
14. MOTHER'S MAIDEN NAME: Sarah Swank.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Willard Ulshafer, Charlestown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): 22 Rifle shot through
Antecedent cause(s) (b): mouth out of top of skull
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c):

976X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.): Home — (CITY OR TOWN): Charlestown — (COUNTY): Cecil — (STATE): Md
TIME OF INJURY (Month) 8 (Day) 12 (Year) 53 (Hour) 3.20 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with 22 Rifle

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide X homicide , undetermined .*

SIGNATURE: R C Dodson MD (Degree or Title) DME — ADDRESS: Rising Sun Md. — DATE SIGNED: 8/12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 17 1953 — NAME OF CEMETERY OR CREMATORY: Charlestown — LOCATION (City, town, or county): Charlestown — (State): Md

DATE REC'D BY LOCAL REG.: 8-17-53 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel — 24. FUNERAL DIRECTOR: Joseph R. Grand North East — ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 Year, 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington
STREET ADDRESS (If rural give location) 1203 Lombard Street

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) P. (Last) VOGEL, Jr.
4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: September 19, 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Wilmington, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard P. Vogel, Sr.
14. MOTHER'S MAIDEN NAME: Nellie A. Gunning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pneumonia, Lobar Multiple	2 wks.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertensive and Arteriosclerotic Cardio - Vascular Disease.	unk.
	DUE TO (c)		Unk.

490x (260x)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Nephrosclerosis with Renal Infarct. 2. Diabetes insipidus. unk.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1952, to 8/8, 1953, ~~that I last saw the deceased alive on 19~~, and that death occurred at 3:22 PM, from the causes and on the date stated above.

SIGNATURE Joseph C. Gradeyer (Degree or title) M.D. ADDRESS Ward Surgeon, VAH., Perry Point, Md. DATE SIGNED 8-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8/9/53
NAME OF CEMETERY OR CREMATORY St. Patrick's RC Church
LOCATION (City, town, or county) (State) Kennett Square, Penna.
DATE REC'D BY LOCAL REGISTRAR 8/9/53
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR LEE PATTERSON, Perryville, Md., for W.S. WORRALL & SON, Kennett Square, Penna. ADDRESS Lee A. Patterson & Son, Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ...age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 11 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Maryland
LENGTH OF STAY (in this place): 10 yr 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Penna. — COUNTY: Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clifton Heights
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) WILSON (Middle) MC LEOD (Last) WARD

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-7-04

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Florence, South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard E. Ward

14. MOTHER'S MAIDEN NAME: Cornelia Willson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		Interval Between Onset and Death
Immediate cause	(a) Left Ventricular Failure	24 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Myocardial Infarct (Posterior Wall)	24 hours
DUE TO		
	(c) Coronary Occlusion (Probable)	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, lower end of abdominal Aorta and Thrombus near Bifurcation

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) —
(COUNTY) —
(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.: —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jul 8, 19 43, to Aug 15, 19 53, [redacted], and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE: E. E. Ellis, M.D. (DEGREE OR TITLE) Acting, Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) — 8-16-53 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-17-53
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Florence, South Carolina

DATE REC'D BY LOCAL REG.: Aug 17, 1953
REGISTRAR'S SIGNATURE: Irene E. Wampfler

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point X
LENGTH OF STAY (in this place): 3 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 4
STREET ADDRESS (If rural give location): 1024 W. Saratoga ✓

3. NAME OF DECEASED: (First) SAMUEL (Middle) B. (Last) WILSON
4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-5-1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Murryhill, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Archie Wilson - Deceased
14. MOTHER'S MAIDEN NAME: Annie Robbins - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: 216-07-7601
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
444 X Immediate cause	(a) Uremia	6 weeks
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertension	Unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12 ,1953, to 8-13 , 1953, that I last saw the deceased alive on and that death occurred at 4:25 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Acting Manager, VAH, Perry Point, Md. 8-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-13-53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 13/1953
REGISTRAR'S SIGNATURE: Ida M. Daugherty acty. Reg
24. FUNERAL DIRECTOR: Katie R. Williams
ADDRESS: 322 KATIE R. WILLIAMS, N. Schroeder St. Balto. Md.

RECEIVED
AUG 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 12yr.8mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 914 - 12th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) HORACE (Middle) G. (Last) WORTHINGTON

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-3-1895

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Steamfitter's Helper

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Worthington - Deceased

14. MOTHER'S MAIDEN NAME: Ida May Hodges - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 577 20 0433

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause — (a) Heart Failure (Cardiac hypertrophy with decompensation) — Interval Between Onset And Death: Approx. 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Heart Disease — Approx. 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, manic depressive — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-18, 1940, to 8-29, 1953 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. BRANNON, M.D. Manager V.A. Hospital — ADDRESS: Perry Point, Md. — DATE SIGNED: 9-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 9-1-53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: Sept. 2, 1953 — REGISTRAR'S SIGNATURE: Ida M. Dougherty acty. Reg. — 24. FUNERAL DIRECTOR — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
SEP 4 1953
BUREAU V. S.

Item 9 FilmG157 8/21

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07995

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
LENGTH OF STAY (In this place) 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HORACE (Last) Wright
4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-24-1894
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Lancaster Co Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Owen H. Wright
14. MOTHER'S MAIDEN NAME Emma Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 186-03-43
17. INFORMANT AND ADDRESS Mrs Olive Wright, Perryville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD (Degree or title) Dm E
ADDRESS Rising Sun Md
DATE SIGNED 8-22-53

BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF 8-25-1953
NAME OF CEMETERY OR CREMATORY Union, Chester Co.
LOCATION (City, town, or county) (State) Oxford, Pa. Rural.

DATE REC'D BY LOCAL REG. Aug 22 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg. Reg.
24. FUNERAL DIRECTOR Lewis Patterson & Son
ADDRESS Perryville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
AUG 25 1953
BUREAU V. S.